

**FEC FORM 9**  
**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR**  
**ELECTIONEERING COMMUNICATIONS**

**1. Person Making the Disbursements/Obligations**

(a) Name <u>U.S. Chamber of Commerce</u>		2. FEC Identification Number <u>C30001101</u>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <u>1615 H Street NW</u>		
(c) City, State and ZIP Code <u>Washington, DC 20062</u>		
(d) Name of Employer or Principal Place of Business	(e) Occupation	

3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period <u>02</u> <u>06</u> <u>2012</u> through <u>02</u> <u>09</u> <u>2012</u>
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5. (a) Date of Public Distribution(s) 02 09 2012 (b) Communication Title Papers

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)  
(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15  
(e) ☐ Other, specify: \_\_\_\_\_

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes ☐ No ☐

**8. Custodian of Records**

(a) Name <u>Wade Powers</u>	
(b) Address (number and street) <u>1615 H Street NW</u>	
(c) City, State and ZIP Code <u>Washington DC, 20062</u>	
(d) Name of Employer or Principal Place of Business <u>U.S. Chamber of Commerce</u>	(e) Occupation <u>Executive Director</u>

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 847,435.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Wade Powers

SIGNATURE [Signature] DATE 2/9/12

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control  
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A. (a) Name Rob Engstrom	
(b) Address (number and street) 1615 H Street NW	
(c) City, State and ZIP Code Washington, DC 20062	
(d) Name of Employer or Principal Place of Business U.S. Chamber of Commerce	(e) Occupation Senior Vice President
B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

PAGE 3 OF 3

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <u>Revolution Agency</u>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;">02 / 06 / 2012</div>	
<b>Mailing Address of Payee</b> <u>1090 Vermont Ave NW Ste 1230</u>				<b>Amount</b> <div style="border: 1px solid black; padding: 2px;">847435.00</div>	
<b>City</b> <u>Washington</u>		<b>State</b> <u>DC</u>		<b>Zip Code</b> <u>20005</u>	
<b>Name of Employer</b> 		<b>Occupation</b> 		<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;">02 / 09 / 2012</div>	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <u>"Papers" TV Spot - Media Placement and Production</u>					
<b>Name of Federal Candidate</b> <u>Barack H. Obama</u>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> <u>Sherrod Brown</u>		<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> 		<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;">  /  /  </div>			
<b>Mailing Address of Payee</b> 		<b>Amount</b> <div style="border: 1px solid black; padding: 2px;">  </div>			
<b>City</b> 		<b>State</b> 		<b>Zip Code</b> 	
<b>Name of Employer</b> 		<b>Occupation</b> 		<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;">  /  /  </div>	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> 					
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> ..... ▶				<div style="border: 1px solid black; padding: 2px;">  </div>	
<b>TOTAL This Period (last page this line number only)</b> ..... ▶ (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px;">847435.00</div>	

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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